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PTO/SB/01 (10-00)
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| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|
| <p align="center">DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p><input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR</p> | Attorney Docket Number | MIT-264 |
| | First Named Inventor | Roller et al. |
| | COMPLETE IF KNOWN | |
| | Application Number | 10/027,891 |
| | Filing Date | December 20, 2001 |
| | Group Art Unit | |
| Examiner Name | | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BIOABSORBABLE COATINGS OF SURGICAL DEVICES
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/20/2001 as United States Application Number or PCT International Application Number 10/027,891 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | |
|-----------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status |
|------------------------|-------------|----------------------------------|
| | | Patented Patented Patented |

I hereby appoint:

☒ Practitioners at Customer Number 000027777 →

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AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to E. Richard Skula at telephone number (732) 524-2718.

Direct all correspondence to: ☒ Customer Number 000027777 OR ☐ Correspondence address below

Name:

Address:

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City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Mark B.

Family Name
or Surname ROLLER

Inventor's
Signature

Mark B. Roller

Date

01/14/02

Residence: City North Brunswick

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Citizenship USA

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ZIP 08902

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Joseph H.

Family Name
or Surname CONTILIANO

Inventor's
Signature

Joseph H. Contiliano

Date

1/14/02

Residence: City Stewartsville

State NJ

Country USA

Citizenship USA

Mailing Address 303 Aldin Road

City Stewartsville

State NJ

ZIP 08886

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Kevin L.

Family Name
or Surname COOPER

Inventor's
Signature

Kevin L. Cooper

Date

1/14/02

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Citizenship USA

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State NJ

ZIP 08822

Country USA

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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Jo

Family Name
or Surname HAYS

Inventor's
Signature

Jo Hays

Date

1/20/02

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ZIP 84341

Country USA

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NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Jenny J.

Family Name
or Surname YUAN

Inventor's
Signature

Jenny J. Yuan

Date

1/17/2002

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ZIP 08853

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country